



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
BUREAU OF COMMUNITY FOOD AND NUTRITION ASSISTANCE  
SUMMER FOOD SERVICE PROGRAM

# Monitor Site Review Form (For Self-Preparation Sites)

1<sup>st</sup> Week Review

4<sup>th</sup> Week Review

(Circle One)

Name of Sponsor			Name of Site			
Date of Review	Time of Arrival	Time of Departure	Site Supervisor			
Dates of Site Operation		Beginning Date	Ending Date			
Type of Site	<input type="checkbox"/> Open	<input type="checkbox"/> Enrolled	<input type="checkbox"/> Camp	<input type="checkbox"/> Migrant	<input type="checkbox"/> Other	
Meal Service Reviewed	<input type="checkbox"/> Breakfast	<input type="checkbox"/> Lunch	<input type="checkbox"/> Supper	<input type="checkbox"/> Snack		
Approved Average Daily Participation						
_____ Breakfast		_____ Snack	_____ Lunch	_____ Snack	_____ Supper	
<b>Day of Visit</b>	<b>Breakfast</b>	<b>Lunch/Supper</b>	<b>Snack</b>	<b>Comments</b>		
Number of Meals Prepared						
Number of First Meals Served						
Number of Second Meals Served						
Number of Meals To Program Adults						
Number of Meals to Non-Program Adults						
Number of Meals Leftover						
<b>Food Items Served</b>	<b>Quantity Prepared</b>	<b>Servings Per Unit</b>	<b>Total Amount Available</b>	<b>Amount Needed</b>	<b>Comments</b>	
			<b>Yes</b>	<b>No</b>	<b>NA</b>	<b>Comments</b>
Does the meal served meet meal pattern requirements?						
Production records are maintained that show the amount of food prepared?						
Foods Served are creditable?						
Food is prepared, handled and served in a sanitary manner?						
Food preparer(s) maintain good personal hygiene and wash hands prior to the meal service?						
Facilities are clean and free from rodents and insects?						

	Yes	No	NA	Comments
Are meals served as a unit?				
Are meals consumed by participants on-site?				
Are meals planned and prepared with one meal per participant in mind?				
Are more meals served as seconds than the 2% limit?				
Are accurate counts taken of meals served?				
Is required health department certification available for inspection?				
Is an inventory record being kept?				
Are receiving reports and purchase invoices kept?				
Does staffing pattern correspond to that listed on approved application?				
Has the site supervisor attended training?				
Are records of adult meals kept?				
Is there documentation of participants eligible for free or reduced-price meals available if applicable?				
Is there a non-discrimination poster, provided by the sponsor, on display in a prominent place?				
Are meals served to all attending participants regardless of race, color, national origin, age, sex, or disability?				
<b>Beneficiary Data</b>				
Indicate the number of participants in attendance who are of Hispanic, Latino or Spanish origin:				
Indicate the number (not percent) of participants in attendance in each racial category (count individuals in one or more categories).				
American Indian or Alaskan Native	Asian	Black or African American	Native Hawaiian or other Pacific Islander	White
_____	_____	_____	_____	_____
<b>Corrective Action Plan:</b>				
<input type="checkbox"/> No Findings <input type="checkbox"/> Findings (listed below)		<u>Follow-up</u> <input type="checkbox"/> N/A <input type="checkbox"/> Follow-up Plan/Corrective Action Taken (listed below) <input type="checkbox"/> Corrective Action Taken by Sponsor following Sanitation Inspection (listed below):		
Signature of Sponsor Monitor				Date
Site Supervisor Signature				Date